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ORIGINAL DEPARTMENT.

Communications.

INSTRUMENTAL DIAGNOSIS.

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(Continued from page 506.)

OPHTHALMOSCOPIC CHARACTERS OF DISEASES OF THE OPTIC NERVE.

1. Inflammation of the Optic Nerve.

The optic nerve, although in the majority of cases sharing in inflammation of the adjacent structures, by reason of their contiguity and continuity, yet is sometimes independently the seat of inflammatory action, which may affect the whole extent of the nerve incased in the ocular membranes, or be limited either to its deeper portions, or to its point of entrance and expansion in the retina. In the first and second instances, it will be all but impossible to diagnose the morbid state with any degree of certainty with the ophthalmoscope; when the inflammation involves the optic disk, the case is to a certain extent otherwise, the instrument being then of essential service. But even here difficulties of another nature often beset the diagnosis, inasmuch as the vitreous humor may participate in structural change, becoming misty, obscured, or in some other manner so altered as to occlude the rays of light impinging upon the fundus of the eye. If the neuritis is but very slight, so as not to give rise to much change, beyond a sparing serous effusion, it may then be quite possible to detect a slight alteration in the color of the optic disk, which becomes of a dirty grayish tint, modified in most cases with yellow or brown. A still higher grade of action involves the integrity of the disk by the production of abundant nuclei and cells, which confer upon it

a still more decided change of color; blurring the definition of its outlines, and very often also the perception of the entrance of the central arteries and veins. This obscuration of the margin of the disc and the entrance of the vessel are still further increased by the enlargement of the nerve fibres and the development of the capillaries upon its surface.

Surrounded, as optic neuritis is, by all these difficulties of arriving at a satisfactory diagnosis, yet the above mentioned morbid changes, when taken in connection with the history of the case and the subjective symptoms, will materially aid the practitioner in arriving at a satisfactory conclusion as to the nature of the disease, and assist him in selecting the appropriate therapeutical agents.

Some cases, however, present themselves occasionally, in which the inflammatory action, either in consequence of the increased action of the vessels or interstitial deposits, or both together, cause a general elevation of the optic papillæ above the surrounding surface, or a more limited disturbance of its surface, so that the latter presents the appearance of bossellation, or little prominences scattered here and there over the surface.

2. Atrophy of the Optic Nerve.

Atrophy of the optic nerve is unquestionably sometimes the result of optic neuritis, but more frequently originates from atrophic degeneration, the consequence of impaired nutrition from defective vascular supply caused by various forms of disease located within the eyeball itself, the orbit, or in the cranial cavity. Among these causes may be mentioned tumors, simple or malignant, located in the ocular tissues, or in the brain; concretions of various characters in the optic nerve; acute and chronic diseases, mostly some form of inflammation of the encephalic centres or their enveloping membranes, originating

from local causes, such as injuries of the orbit or cranium, echinococcus in the cerebral tissues; or depending upon some constitutional affection, such as scrofula, the exanthematous fevers, etc.

Under the operation of these morbid causes, the optic nerve will be found to have undergone alterations of a varied character; its shape changes from the natural rounded form to one of flattened or irregular outlines; the neurilemma is wasted or altogether wanting, while the fibrils themselves are greatly altered, as regards color and size; the interval between the nerve and its enveloping sheath is the seat of exudative accumulation, so that these parts are separated to a greater or less extent, and at a later period in the disease the membrane becomes much wasted, or disappears altogether, while the nerve itself progressively diminishes in size. The pressure of the exudation diminishes the calibre of the arteries and veins of the nerve, and as the disease advances they at last are discernable only as fine lines running across the bottom of the eye; the diminution in the size of the veins progresses less rapidly than that of the arteries, in consequence of the difference in the direction of the circulation, the obstruction in the optic nerve checks the intromission of the blood in the globe through the arteries, which should therefore progressively and rapidly atrophy, while in the veins it has an exactly reverse effect, preventing the exit of the blood; the first effect of which should be rather an increase in the venous calibre, but where the obstruction becomes complete, they likewise become obliterated.

Both MORGAGNI and WALTHER have found in the optic nerve calcareous concretions, the former, one the size of a pea, the other, one two lines in diameter.

The changes now described as occurring in atrophy of the optic nerve, present for examination with the ophthalmoscope, appearances which, although not altogether characteristic, yet are sufficiently distinctive where the disease has made any considerable progress, as to enable the physician to distinguish it, in the majority of cases, from the conditions which induce somewhat analogous pathological changes.

The most striking peculiarity presented

to the eye in a somewhat advanced stage of the disease, when the fundus of the diseased organ is examined with the ophthalmoscope, is the glistening whiteness of the optic disk; in some cases this color is so modified by bluish or greenish tints as to give to the disk a pearly reflection. If the disease be examined at an early period, the nerve-entrance will be found clearly marked, while the scleral margin will present a greater breadth than natural. In some cases the whole disk will be hyperæmic, in others the general hyperæmia will be modified in appearance by the occurrence of lighter patches upon some portion of its periphery; which is so marked in some cases as to apparently present in so limited a space as the optic papilla the strongly contrasting conditions of anemia and hyperæmia. The shape of the disk at this period will be little changed but later, as the exudation goes on, its edge becomes indistinct, irregular, or diminished in diameter, and the choroidal margin blurred; its whole surface will usually be found elevated, though it is sometimes depressed; the cribriform lamella presents the appearance of thickening, while the pearly color above mentioned invades the whole area of the disk, *pari passu*, with the disappearance of the dark interspaces denotive of the position of the fibrillæ of the nerve.

The ophthalmoscope also reveals the diminution of the arteries and veins before spoken of; they are seen proceeding from the disk in their normal course toward the ora serrata, as fine white lines.

3. Hypertrophy of the Optic Nerve.

This condition is far less appreciable, and more difficult of definition with the ophthalmoscope than the one we have just considered—atrophy. It has been variously described by different observers, and has been designated by different names, according to the interpretation placed upon the appearances presenting themselves. There seems reason to believe that certain conditions have been grouped under the term of hypertrophy of the optic nerve, which do not legitimately and pathologically belong there. Further ophthalmoscopic research will be required to properly arrange, according to their pathological import, the several changes in the optic and retinal nerve-fibres, which have been

designated by JAEGER as "nerve extension;" by LIEBREICH, as "opacity of nerve-fibres;" by DESMARRES, as "exudations plastiques de la rétine;" and by MULLER, as hypertrophy of the nerve-fibres.

In the normal condition of the eye, the fibres of the optic nerve, in passing through the *lamina cribrosa* into the retina, form a fine radiating fibrillation, apparently consisting, according to TODD and BOWMAN, of the tubular fibres of that nerve, deprived of their white substance; that is, being no longer tubular and white, but solid and gray, and united together more or less into a membrane. The white substance of SCHWANN, these authorities state, does not exist in the nervous substance of the retina, but ceases as the nerve perforates the sclerotica. When the hyaloid membrane and the layer of nucleated cells which connect it to the fibrous layer remain in the normal transparent state, the fine radiating fibrillation of the latter may be seen distinctly with the ophthalmoscope by the direct method. Now in simple hypertrophy of the optic nerve, the nerve enlarges without changing its shape, in consequence of the uniform increase of the separate bundles of fibres, from hypertrophy of their investing neurilemma; the neck of the nerve becomes shortened, and the *lamina cribrosa* nodulated, while the vessel diminishes, and finally disappears. The margin of the sclerotica will partake in these changes, and becomes thickened, dense, and white.

The ophthalmoscopic characters which are presented, are thus well described by LIEBREICH, who has studied these changes with great care. The nerve-entrance appears as a round, uniformly dull disk, with its contour softened down, and ill defined against the surrounding ground. The papilla loses its lustre, its definition, and its shading; the scleral margin disappears, the choroidal foramen is less sharp of contour, and apparently increased in diameter. This apparent increase depends upon the visibility of the boundary of the nerve at the plane of the retina, which in normal eyes is scarcely perceptible. The nerve fibrils, immediately after passing through the narrow opening in the sclerotic and choroid, bend round toward the periphery of the fundus; and hence the nerve, in the plane

of the retina, has already attained a marked increase of diameter, and its boundary will be a much larger circle than that of the choroidal opening.

The retinal vessels appear essentially changed. The dark-red color of the fuller and more winding veins at their entrance into the dull disk of the nerve, is obscured by a light-greyish cloud that increases in density toward the centre; and that, in the passage of the vessels to a greater depth, becomes so considerable, that parts of them are wholly concealed by the thickening and opacity of the nerve-fibres. Before they reach the disk, the vessels sink somewhat in the thickness of the retina, and rise again in stronger curvatures than usual. As a cause of this condition, LIEBREICH found a remarkable prominence of the whole entrance of the nerve.

Instead of the opacity of the nervous fibrils being located about the cribriform lamella, in certain cases it has been observed to occur in these fibrils after spreading out some distance into the retina. The opacity is in limited patches following the direction of the radiating fibres, so that while one extremity of the patch looks toward and adjoins the margin of the papilla, the other extremity spreads out toward the *ora serrata* in tooth-like processes. This condition seems to have had attention first directed toward it by VINCHOW, and in the few cases that have since been met with and recorded, the evidence adduced would go to establish the change as a congenital defect, depending upon, according to the above-named observer, the nerve-fibres, (which, as stated above, after passing through the cribriform lamella, lose their axis-cylinders, or the white matter of SCHWANN,) retaining their anatomical elements of sheath and axis-cylinders when merged into the retina.

Dr. ZANDER believes the case described and figured by DESMARRES at page 464, vol. 3, of his work, "*Maladies des Yeux*," under the name of "exudation plastique de la rétine," to be of this nature. But such a supposition is refuted by the facts that DESMARRES' case is taken as typical of many others of the same nature met by him, and which have in several instances greatly impaired vision, while, according to BECKER and JAEGER, the condition

under consideration is rare, and besides, possesses no sort of influence over vision; also, the *macula lutea* was sometimes involved by the opacity. As regards this latter point, it may be observed that the *macula* must always remain free from this opacity affecting the nerve-fibrils, for the simple reason that, "on examining the structure of the retina about the yellow spot, from within, the fibrous expansion of the optic nerve (though stretching in every other direction to a much greater distance) cannot be traced quite up to the spot itself. Nucleated cells occupy the elongated meshes of the fibrous plexus already described, until at length the fibres disappear, and the closely set cells seem to cover the whole surface of the spot."

In order to clear up the confusion surrounding this interesting question of the nature of these peculiar forms of opacity of the nervous fibrils, more research is required, and until this is made, we must either remain ignorant, or indulge in idle speculation.

Hyperemia of the Papilla.

This condition is met with in those persons who fatigue their eyes continually in viewing minute objects, as watch-makers, engravers, and in those who labor under defect of accommodation, and who do not employ the proper glasses in using the eyes in viewing small objects. It is also most always present in inflammation of the membranes of the eye, particularly of the retina and choroid; even in slight cases of conjunctivitis, the vessels of the retina may be found more or less enlarged.

The ophthalmoscopic characters are well marked and, easy of definition. In slight cases of hyperemia the naturally greyish white appearance of the papilla is observed to have given way to a color varying from a reddish to a vivid red; the vessels will form in some cases, an intricate network over its entire surface; in others, only certain portions will be observed thus obscured, perhaps a sixth, a quarter or half of the area, the balance of it retaining the normal color. In still more severe cases, the well-defined margin of the healthy papilla gives way to the encroaching redness, and finally disappears, leaving only the centre as a glistening white spot, which may also, as the disease advances, become

invisible, and then there will be no distinction of parts of the fundus of the eye as the redness of the disk merges into that of the choroid, presenting a vivid and continuous red field.

It must not be forgotten that in some eyes the optic disk is normally of a reddish color, and in which vision is perfectly good.

In connection with the subject of hyperemia of the optic disk, may be mentioned that rare condition of varicosity of the arteries of the *arteria centralis retinae*. DESMARRES says he has never met with a single case of true aneurism of these arteries, though he has seen them considerably dilated. LIEBREICH found the condition to exist principally in artizans working in front of bright fires, an observation I have confirmed in several cases of firemen.

The ophthalmoscopic appearances are easily recognizable. The arteries, instead of radiating across the optic disk in almost straight lines, are observed as reddish tortuous vessels, of greater size than natural.

A more common condition than the preceding, is an enlargement of the veins with a normal condition of the arteries, which appear to spring up from the centre of the disk in a nodose dilatation, and turning around the orifices of their entrance, are seen to pursue their course to the discal periphery, in dilated sinuous darker red lines. DESMARRES has seen considerable varicosity of these vessels, without any apparent derangement of the visual faculty.

The veins have also been seen in some exceptional cases, to present the phenomenon of pulsation, which can be satisfactorily identified on attentive inspection, as synchronous with the radial pulse. This, though sometimes seen in the normal eye, to take place over the area of the disk, is of decided pathological significance when seen beyond its limits, and is particularly met with in those diseases of the eye attended with intra-ocular pressure, as glaucoma.

Both discal hyperemia and varicosity of the vessels may result in sanguineous effusion at any part upon the disk, which will be seen as limited discolorations, or the effusion may at one, and the same time, be poured out both into the papilla and beneath the retina, so as to present the appearance of a large patch.

4. Anemia of the Papilla.

As the antithesis of hyperemia, we have in some cases anemia of the optic papilla. It has been observed as a congenital malady, being accompanied with partial blindness, and in the greater number of cases, blindness in connection with nystagmus.

The vessels are observed to be thinner and smaller than natural, and can only be traced with difficulty in that part of their course, where they are of some size. In the worst cases, the position is indicated by fine white lines only, running over the ocular fundus, and sometimes they are quite invisible in the direction of the distribution of a single branch in half the papilla, or in the corresponding portion of the retina. While these changes are occurring, the optic disk becomes of a dull white color, or as it has, in some cases, been described as emitting the same pearly reflections as it does in atrophy.

The anemia observed later in life is commonly the forerunner of atrophy of the optic disk, depending upon fatty degeneration or apoplexy of the retina, or upon retino-choroiditis. This disease is usually progressive, the sight gradually failing until it become extinct. While this lamentable result is occurring, the profound alterative in the papilla and its vessels above-mentioned, are easily recognizable with the ophthalmoscope.

[To be continued.]

Extraordinary Fecundity.

Doctor BECKER LAURICH, of Roundeburg, communicated to the Gynæcological Society, the history of a woman, twelve years married, and actually enceinte for the nineteenth time. Her first child was born at full moon; then she aborted nine successive times at four months, then gave birth to a child at eight months, afterward aborted seven times in succession at the fourth month. At present she is again enceinte, but their are symptoms of approaching abortion, such as a serosanguinolent discharge, etc., and it is not probable she will reach the term of gestation, in consequence of her numerous and laborious occupations. Notwithstanding the violent hemorrhage which attended each abortion, and which often endangered life, she is a stout, hearty-looking woman.

Medical Societies.

MASSACHUSETTS MEDICAL SOCIETY.

Boston, Tuesday, June 2d, 1868.

The annual meeting of the above-named Society commenced at 10, A. M., with the exhibition of surgical operations at the Massachusetts General and the City Hospitals.

After the close of operations, the gentlemen of the Society assembled in the new operating theatre of the Massachusetts General Hospital to listen to the reading of papers upon medical topics.

The first was a paper upon the characteristics of modern surgery, by Dr. R. M. HODGES, in which it was affirmed that the tendency of modern surgery is to reduce the number of operations and conduct a surgical trouble to a favorable termination by the use of more gentle means.

The next paper was upon the Pathology of Malignant Growths, by Dr. ALGERNON COOLIDGE, in which the ground was taken that such growths are not necessarily fatal, and that by judicious treatment at an early stage might be wholly removed.

The third was a paper upon Improvements in Midwifery, by Dr. WM. GARLAND, of Lawrence, which was listened to with much interest. At the close of this reading, the Society adjourned for dinner.

AFTERNOON SESSION.

The first paper read was by Dr. B. JOY JEFFRIES, on "Enucleation of the Eye Ball." It referred to the operation of the removal of the eye ball by the modern process, from within the capsule of Tenon. After an operation by this method, a glass eye may be inserted within a week, and such insertion was advisable as soon as practicable, in order to prevent a shrinking of the surrounding parts. The objection to the process was greater as respects the young than those of adult years, but the patient should be informed that by the modern process, the operation was neither dangerous nor especially painful. Several eminent surgical authorities of European reputation were quoted in approbation of the process as a preventive of sympathetic disease in the opposite eye.

Dr. PLINY EARL, of Northampton, read a paper upon "Prospective Provision for the Insane." He entered upon a consideration of the respective merits of the hospital plan of treatment, and the method of colonization or segregation of patients. He advocated the hospi-

tal plan, with some modification, which might secure whatever advantages could be safely obtained from the colonization plan. He favored a system of small hospitals, not to contain over 250 patients each, which he thought might be secured by the erection of minor buildings on the grounds of the already existing hospitals.

The last paper read was upon "Extra Digits," by Dr. BURT G. WILDER. He confined the discussion of the subject to the cases of a single superfluous finger or toe, of which he had had 152 under his personal observation—two-thirds of which were upon hands, and one-third upon feet. A statistical account of the comparative number upon the various limbs was given, and the paper concluded by urging that there should be concert of action among medical gentlemen in gathering fuller statistics than are now possessed.

EVENING MEETING.

The business meeting of the Society was held in the evening, at the rooms No. 12 Temple Place, the President, Dr. H. C. PERKINS, of Newburyport, in the chair. The Treasurer's annual report was read, showing that the receipts of the Society, including balance of last year, were \$3533.94; expenditures \$6511.74; balance on hand \$2022.20. It was voted to prepare a catalogue of the library. The Committee on the subject of Coroners asked further time.

The Committee on Infant Mortality in Hospitals reported that in the State Almshouses they had found that the ratio of mortality of infants was very large, and it was attributable in a considerable degree to inefficient management, especially in respect to food. For six years past the milk given to such infants at Tewksbury had first been skimmed to make butter, and there was a decided preponderance of testimony showing that in general no other milk was furnished to foundlings. It was recommended that a separate institution for the care of such infants be established.

The election of officers for the ensuing year was next entered upon, which resulted as follows:

President—CHARLES G. PUTNAM.

Vice President—HENRY L. SABIN.

Corresponding Secretary—CHARLES D. HOMANS.

Recording Secretary—CHARLES W. SWAN.

Librarian—J. C. WHITE.

Treasurer—FRANCIS MINOT.

Orator for the ensuing year—ALFRED HITCHCOCK.

SECOND DAY—Wednesday, June 3d.

The members of this Society re-assembled at the amphitheatre of the Massachusetts General

Hospital, Dr. H. C. PERKINS in the Chair. The Secretary of the Councillors reported that sixty-six new members had joined the Society during the year, and that twelve have died.

Dr. J. BAXTER UPHAM, of Boston, read a paper upon the doings of the Medical Commission to the International Convention at Paris last year, giving a full abstract of the report of that Commission, which related entirely to medical subjects.

Dr. E. CHEVERIE was introduced, and submitted a paper in reference to the spinal column.

Dr. J. B. S. JACKSON called attention to a remarkable case of the healing of a fracture of the neck of the femur.

Dr. J. M. HARLOW read a paper upon a remarkable case of injury to the head, which consisted in thrusting (by an explosion) of a long bar of iron, one and a quarter inches in diameter, transversely through the head. The circumstances authenticating the case were related. The treatment of the case, and the eventual recovery of the injured man were stated in detail. The friends at first prepared his coffin, and desired the doctor to go away, saying that the man would die of himself, if let alone; but the doctor persisted, and the patient recovered sufficiently to engage in his usual avocations, though his intellectual equilibrium was never absolutely re-established. The accident occurred in Cavendish, Vt., and the man afterward travelled extensively, visited Valparaiso, and eventually died in San Francisco, 12 years, 6 months and 8 days after the injury.

The skull had been obtained by Dr. HARLOW, the man's friends consenting, and he announced that he had donated it to Warren Museum of the Harvard Medical College. This announcement, as well as several points of the reading, met with great applause.

Dr. H. J. BIGELOW expressed his full concurrence in the remarks of the previous speaker in respect to the authenticity of the case, which, moreover, had been corroborated by a similar case which occurred in Ohio, wherein a gas pipe, four feet long, had been thrust by an explosion, half through the base of the brain. The sufferer had recovered, and was present at the meeting. He was introduced to the audience by Dr. BIGELOW, and appeared to be a young man about twenty-eight years, in good physical health. Dr. JEWETT, of Ohio, was introduced, and made a statement of the treatment of the case, which commanded the close attention of the Society.

The Committee on Prize Dessertations reported that prizes had been awarded for disserta-

tion as follows: First prize to Dr. ROBT. J. EDES, of Hingham, Mass.; second prize to Dr. JAMES F. HIBBARD, of Richmond, Ind.; third prize to Dr. JOHN SPARE, of New Bedford, Mass.

Dr. BUCKMINSTER BROWN read a paper upon cases of Orthopædic Surgery, which was illustrated by the exhibition of casts, photographs, and in two or three cases by the presence of the patients.

Dr. DAVID W. CHEEVER exhibited one of his patients, completely relieved of a disease of the jaw-bone by a process of surgery, which, so far as he knew, had not previously been performed in this country.

THE ANNUAL ADDRESS.

Dr. H. G. CLARK then delivered the annual discourse, commencing with an allusion to the new hall or amphitheatre of the Hospital in which his audience were assembled, and which by the sessions of the Society on this occasion had been appropriately dedicated. The relinquishment of the old and time-honored theatre, which has been the scene of over 8000 operations, was also referred to in a felicitous manner, and the fact especially dwelt upon that it was there that the final demonstration of the applicability of sulphuric ether to relieve the pains and terrors of surgical operations was made.

The difficulties which involved the practical inauguration of that grand discovery, and how near this event of the history of the hospital came to being a lost opportunity through the opposition of the conservatism and red tape proclivities of leading men, could never be known until the history of the event should be truthfully written. The speaker, however, would ascribe the successful issue of the endeavors made for the introduction of ether as an anæsthetic to the then junior, but now senior, Surgeon of the Hospital, Dr. H. J. BIGELOW.

After a brief eulogy upon eminent members of the Society, deceased, the speaker announced his subject as "the Desirableness of a more extended study of Medical Jurisprudence, and why its study should be connected with that of Sanitary Jurisprudence," and entered upon an extensive discussion of those topics.

THE ANNUAL DINNER.

At half-past three o'clock in the afternoon the members of the Society and invited guests, to the number of about 600, assembled at the annual dinner in Music Hall. Dr. J. N. BORLAND presided, and at the tables upon the platforms were a large number of the prominent members of the profession. Grace was said by Rev. E. E. HALE, of the South Congregational Church, after which

an hour was spent in partaking of the dinner. The President then called the attention of the company to the intellectual part of the feast in the following speech:

REMARKS OF DR. J. N. BORLAND.

Mr. President and Fellows of the Massachusetts Medical Society: The recurrence of this, the 86th anniversary of our time-honored Society, has again re-united us; and here, in this place, and at this time, it is my duty, as well as pleasing privilege, to extend to you all the welcoming hand. How many of my predecessors have stood before you and said it is a good thing for us once in the year to meet together as we do I know not; but the fact is so evident to us all, that the propriety and the necessity of its expression occur naturally to your anniversary Chairman—as naturally as you yourselves prove the point by laying aside your work, and mustering together with the swelling ranks that you do. Apart from all the various matters of business and science, which occupy so much of our time, the various opportunities afforded to us all to revive old friendships, to create new ones, to talk over by-gone days, and to plan fresh arrangements for those yet to come; to welcome friends from our sister Societies; or, it may be, to receive guests from other lands; these are all so valuable as to make our annual meetings a marked event of each professional year. Yet our anniversary is not one of unalloyed pleasure; for the mind as naturally looks back upon the events of the past, as it hopefully tries to rend the veil of the future. At such times comes up to us with greater force, a keener and a more realizing sense of losses we have met with, when at our surrounding benches, or at the seats at these tables, we see no more some of our familiar faces. Here in this city alone, since last we met together, has the grim reaper been busy in binding up his choice sheaves from out of our midst. Never again will the spontaneous burst of ringing cheers, the involuntary expression of our heartfelt love and respect, spring from our throats at seeing here, on this platform, the benign countenance and the venerable form of him, so often called the Nestor* of our profession.

Before last summer's heat were over another of our members passed away—the distinguished surgeon,† whose great professional skill was only matched by his generous, kindly heart. The last months of his life we now may recognize as one true act of a most chivalrous nature; knowing, as he did, even when last we met together, the existence of his mortal disease, yet concealing his sad knowledge from even his nearest kindred and dearest friends, and performing un-murmuringly every office of his active life.

But a few short weeks have elapsed since a third of our distinguished members has gone to a better life.‡ One of our Presidents—the even tenor of whose way had earned for him the well bestowed title of "the Good Physician"—while in possession of sound health, and at the close of

* Dr. James Jackson.

† Dr. J. Warren Mason.

‡ Dr. John Homans.

a day spent, as so many before it had been during his busy life, in the full discharge of his professional labors, was suddenly taken at the summons of the Higher Power, and entered into rest.

These, gentlemen, are but some of those whose places at our table have, during the past year, been vacated forever. It is not for me to eulogize them; their virtues have been sounded by more fitting tongues than mine, and at more appropriate times and places. But not mourning their loss so much as rejoicing that we can point to them as examples and as models, I once more welcome you to these festivities, to the renewal of friendship and interchange of good-fellowship, on that common and neutral ground of the social table; where the harassing cares of medical practice can be thrown aside, and a brief hour be given to good cheer, without which neither science nor business can prosper.

I will propose for you, gentlemen, the following sentiment: "The Massachusetts Medical Society; may its history ever be illuminated by the noble, energetic and pure lives of its members."

Dr. BORLAND's remarks were frequently interrupted with applause, and his closing sentiment introduced Dr. FOSTER HOOPER, of Fall River, who made a brief but interesting speech, in which he gave some very valuable items in regard to the history of the Massachusetts Medical Society.

The past President of the Society, Dr. PERKINS, of Newburyport, in accordance with a time-honored custom, then presented to the Society the President elect, Dr. CHARLES G. PUTNAM, of Boston, who briefly acknowledged the hearty greeting which he received.

The President then read the next regular sentiment in honor of "The Commonwealth of Massachusetts;" and read to the Society a letter from Surgeon-General DALE, which tendered to the body the regrets of Gov. BULLOCK in not being able, through ill health, to be present at their dinner.

The President then said: "I have the pleasure of calling upon the donor of the prizes to-day; none fitter than he to offer them, as he has had conferred upon him all that could possess any value."

This called up Dr. JACOB BIGELOW, who was greeted in a very hearty manner, the members of the Society rising and cheering. As soon as silence was restored he spoke as follows:

REMARKS OF DR. JACOB BIGELOW.

Mr. Chairman: When I rose I thought I might elevate my spirits to the height of attempting a joke, but the reception which I have just received quite disarms and unmans me. I was going to say, sir, that the compliment you have bestowed on me, very unmerited as it is, nevertheless deserves and receives my profound ac-

knowledge. Although, sir, I am obliged to say, in the words of Dogberry, in the play, that "you have verified unjust things." There is one point, sir, in which I am obliged to plead guilty to the impeachment, and that is that I am advanced in years considerably beyond most of my associates in this Society; and I have been greatly pleased to recognize here two or three like myself, who, having arrived at the age of three score and ten, are still not only my seniors in years but my superiors in activity. I am very proud and happy to be able to say, sir, that for the last half century I have not personally been obliged to occupy my house, to stay at home for a single day on account of any indisposition or malady whatever, (applause); and I know not to what I shall attribute this singular exemption for so long a period, unless it be to the joint agencies of temperance, hard work, and abstinence from medicine. (Applause and laughter.) I listened, sir, with instruction to the remarks which were offered us in the professional and scientific paper read just before the close of the ceremonies at the hospital, on the subject of Orthopedic Surgery. Now, sir, I would not be considered as advocating a retrograde course in science, and which I admit in many cases it is a difficult thing, and requires care and skill to get a patient upon his legs; yet, sir, I must confess it is somewhat harder to get one off his legs. Mr. President, it has been my custom to attend the annual meeting of this Society, and it has always been done with heart felt pleasure on my part. Last year I was unable to attend the annual meeting here in this place about this time. Why? Because, sir, I was two thousand miles off in the wilds of Kansas, and five hundred and sixty miles from the Mississippi. There, instead of being among physicians, I found myself among wild Indians, buffaloes and prairie dogs, and at the end of the Pacific railroad. We got to Fort Harker, and stayed there a short time, and left it, fortunately, a very short time before an invasion of the cholera, which carried off a dozen or twenty soldiers, and also before the great alarm which drove the inhabitants in for fear of the Indians. I can now say no more than that I believe every physician will find his usefulness and the efficiency of his life to be greatly promoted and increased by allowing himself to see what is going on in the remoter parts of the country. It not only contributes to his health, but very much to the enjoyment and prolongation of his life.

Long and hearty applause followed the aged doctor's speech, after which the President proposed the next regular sentiment in honor of the city of Boston, and called out his Honor Mayor SHURTLEFF, who made an interesting response.

After the Mayor's remarks, which were frequently and warmly applauded, Rev. E. E. HALE responded to a sentiment to the clergy; Dr. HENRY G. CLARKE to one in honor of the orator of the day; Judge PUTNAM to one in honor of the legal profession; and other speeches occupied the time until nearly five o'clock, when the company separated, well pleased with the proceed-

ings at their annual dinner. Mr. WHITING, of Boston, and Mr. CALDWELL, of Brooklyn, N. Y., occasionally entertained the company with performances on the great organ, which added to the enjoyment of the occasion.

RHODE ISLAND MEDICAL SOCIETY.

57TH ANNIVERSARY.

Providence, R. I., June 10, 1868.

The Fifty-Seventh Annual Meeting of the Rhode Island Medical Society was held at the rooms of the Franklin Society, Providence, on Wednesday. The meeting was called to order at 10½ o'clock, A. M., the President, Dr. OTIS BULLOCK, of Warren, in the Chair. Reports of various Committees were presented and accepted.

The Treasurer's report, showing a balance of \$37.99 in the Treasury was presented and accepted. Three hundred copies of the By-Laws of the Society have been published during the past year, at an expense of \$45.

It was voted to increase the annual tax from \$2 to \$3 per member.

Delegates from the medical Societies of several States were introduced, including Drs. J. H. H. Birge, N. Y.; Albert Smith, N. H.; John R. Bronson, Mass.; H. L. Hammond, N. J.; Dr. Buck, Conn.

Dr. BULLOCK declined re-election as President, and Dr. J. W. C. ELY was elected President for the ensuing year. The election was completed by the choice of the following officers:

Vice-Presidents—Dr. GEORGE L. COLLINS, Dr. LLOYD MORTON.

Recording Secretary—Dr. GEORGE E. MASON.

Corresponding Secretary—Dr. C. W. PARSONS.

Treasurer—Dr. T. K. NEWHALL.

Censors—Drs. DUNN, ELDRIDGE, MAURAN, GARDNER, MORTON, FABYAN, BALLOU, CLAPP, and BULLOCK.

A telegram was sent to the Vermont Medical Society, in session at Windsor, and an answer was received as follows:

"PROVIDENCE, June 10, 1868.

To the Vermont Medical Society, in session at Windsor:

The seashore sends greeting to the mountains, and invites the Vermont Medical Society to dinner at two o'clock this day.

By order of the Rhode Island Medical Society.

J. W. C. ELY, President.

E. M. SNOW, Committee."

"WINDSOR, Vt., June 10, 1868.

To J. W. C. Ely, President of the Rhode Island Medical Society:

We heartily respond to your kind greeting. Believe us to be with you, if not at dinner, certainly in spirit, and in every effort to extend the usefulness and honor of the profession.

E. E. PHELPS,
Committee of Reply."

The report of the Trustees of the Fiske Fund showed a balance of income on hand of \$629.92. Premiums of \$100 each were offered for the best dissertations on the following subjects:

1. The Bromides; their Physiological effects and Therapeutical uses.

2. Cerebro-Spinal Meningitis—Pathology and Treatment.

3. Graves Disease (so-called)—Pathology and Treatment.

4. Carbolio Acid—its Therapeutical and Hygienic uses.

A Committee of one in each county of the State was appointed to report annually, such facts as may be of interest to the Society.

It was proposed to appoint a Committee that should nominate officers, who could then be elected by acclamation, instead of the tedious method of electing by ballot; the proposition was referred to a Committee.

A motion was made and discussed, to hold the sessions of the Society for two days; also referred to a Committee.

Five members of the Society have died during the past year.

Dr. Wm. S. Bowen, of East Greenwich; Dr. John T. Blake, of Providence; and Dr. Simeon Hunt, of East Providence, were admitted Fellows of the Society.

The annual oration was delivered in an eloquent and effective manner, by Dr. GEO. E. MASON, of Providence, on "Hysteria," and was listened to with much interest and satisfaction. At five minutes before two o'clock, the Society adjourned.

The semi-annual meeting in December, will be held in Providence.

BALTIMORE MEDICAL ASSOCIATION.

Reported by J. W. P. BATES, M. D.

Use of the Sulphites and Hyposulphites.

Dr. Cox said he had used the sulphite of lime, and afterwards the sulphite of soda, in scarlatina, in conjunction with other remedies, and thought it of value. He also considered this class of medicines useful in typhoid fever, pyæmia, etc.

Dr. UHLER from experiments with them in the

Marine Hospital, did not think them of much value in zymotic diseases without adjuvants.

Dr. ARNOLD considered that the sulphites have had their day, and that their reputation is waning. Many physicians use remedies for diseases which astonish others; for example, one reports having cured 32 out of 33 cases of enteric fever by the use of green tea. Before adopting remedies of doubtful use, like this class under consideration, we ought to wait till the experience of the hospitals shows their utility. I think POLLI recommends 'hem more on theoretical grounds than from practical experience. I do not think much of the sulphites.

Dr. COCKRILL said that he had used them in the army, in pyæmia, but saw no good effects from them. He had also used them in typhus fever, with the same result. He said his unsatisfactory experience might be from using too small doses, (gr. xv. ter die).

Dr. HELSBY asked if the cases spoken of by Dr. COCKRILL recovered.

Dr. COCKRILL said they improved after the use of quinine, iron, etc., but he was of the opinion that few cases of real pyæmia recover.

Dr. STIRLING said that thirty-three cases of pyæmia, treated by the sulphites at the McKim U. S. Hospital were lost. He had but little confidence in it.

Dr. HAYSON said that they had used them at the Bay View Asylum, but they proved inefficient. They had also tried sulphite of lime in intermittent fever, but without successful results.

Dr. COX was of the opinion that new remedies should be tested in hospitals before being adopted in private practice. He had used the sulphites from having read Dr. FISHER's report of them, presented to the American Medical Association in 1865.

Dr. ARNOLD had used them successfully, externally, in skin diseases, especially ring worm. He used $\mathcal{O}ij.$ to water $f.\mathcal{Z}iss.$, and glycerine $f.\mathcal{Z}ss.$

Dr. COCKRILL had used the sulphite of soda, ($\mathcal{Z}ss.$ to aq. $f.\mathcal{Z}viij.$), in chronic eczema and many other skin diseases, with success.

Dr. KINNEBON said that sulphite soda, ($\mathcal{Z}ij.$ to aq. $f.\mathcal{Z}v.$), had been used by him, with very satisfactory results, in the army, in the treatment of psora.

Case of poisoning by sulphate of morphia, treated by hypodermic injections of sulphate of atropia.

Dr. CHAS. M. MORFIT reported the following case:

I was called to see Mr. —, æt. 50, who had taken ten drachms of Magendie's solution, about two and a half or three hours before. An emetic

had been administered about thirty minutes after he had taken the morphia, which had acted. I found him much convulsed, pulse scarcely perceptible, respiration impeded, pupils contracted, (pin hole), consciousness almost gone; would answer when spoken to roughly, but in a very unsatisfactory manner. As he resided in the country, I had taken with me my hypodermic syringe, and also a solution of sulphate of atropia, (gr. j. to aq. $f.\mathcal{Z}j.$), of which I injected thirty drops. Strong coffee and brandy were administered *ad lib.*, and hot bricks applied to the feet and legs, as they had become very cold. In about half an hour the pulse rose and became full, the pupils dilated, the convulsions ceased, and he expressed himself as feeling much better. He was allowed, after an hour, to sleep fifteen minutes at a time, and having done so twice and been much refreshed, I left, directing the coffee and brandy to be continued, in reduced doses, if necessary. I also directed R. Elix. valer. ammon., $f.\mathcal{Z}i.$; Ext. belladonnæ, gr. $\frac{1}{4}$, every four hours.

6, P. M. Doing well. Treatment continued.

Second day, 11, A. M. Has slept well, has a good appetite, and is entirely free from any bad effects or symptoms. I consider that he owes his life to the prompt use of the large dose of atropia; in fact I was forced to use this remedy, as I was several miles from the city, and had no other antidote at hand. Just as soon as the pupils began to dilate the pulse rose, and all the symptoms improved.

Dr. SAMUEL FRANK, of this city, had a case of poisoning by $f.\mathcal{Z}ss.$ tr. opii, in which he used gr. 1-12 of sulph. atropia by injection, and followed it by gr. 1-24, in half an hour. This patient was also in a very critical condition, it being impossible to get emetics to act, and the whole system collapsed. In the course of two hours and a half the patient had entirely recovered.

A Good Joke.

The "retired physician whose sands of life are nearly run out," and who was recently spoken of among the "Swindlers of New York," in the *Evening Post*, had a clever practical joke played upon him some time ago. A wag sent him by express a barrel of sand to replenish his wasted store. Those who have had the benefit of his prescriptions may be glad to know of this pleasant assistance rendered the benevolent old gentleman, to enable him so easily to prolong his life and labors.

[The re-invigorated physician has since been married!]

EDITORIAL DEPARTMENT.

Periscope.

A Wonderful Skull.

At a meeting of the Massachusetts Medical Society held recently, Dr. JOHN M. HARLOW, physician and surgeon, of Woburn, but formerly of Cavendish, Vermont, read a paper containing the history of a most interesting case of injury to the head, and presented to the meeting the veritable skull which sustained the injury.

This case occurred some twenty years ago, in Cavendish, Vt., and was described at length in the New Jersey MEDICAL REPORTER of that date—the predecessor of this journal.

On the 13th of September, 1848, Phineas P. Gage, foreman of a gang of men engaged in blasting a deep cut in the continuation of the Rutland and Burlington road, had a tamping iron blown through his brains, and recovered within sixty days, living twelve years after. The case caused great discussion when reported by HARLOW in the medical journals at that time, and it was largely disbelieved, many eminent surgeons declaring the occurrence, as described, to be a physiological impossibility. Dr. HARLOW, in presenting the paper, justly said, "that it is due to science that a case so grave, and succeeded by such remarkable results, should not be lost sight of; and that its subsequent story should have a permanent record.

Gage was a perfectly healthy, strong and active young man, 25 years of age, of nervo-bilious temperament, 5½ feet in height, average weight 150 pounds, possessing an iron will, as well as an iron frame; muscular system remarkably well developed, having had scarcely a day's illness from childhood up.

As described in the paper read, it appears that a drilled hole had been charged with powder, and he was about tamping it in, (or, more popularly, raming it down,) when his attention was called for a moment. Looking over his shoulder at his men, he at the same moment rammed down the iron, supposing his assistant had poured sand on the powder, as is the custom. The iron struck fire from the rock, the charge exploded, and the iron was driven up into his cheek and out of the top of his head, high in the air, and was afterward found several rods distant, smeared with blood and brains.

The tamping iron was 3½ feet in length, 1½ inches thick, and pointed at one end; the taper

being seven inches long, and the diameter of the point a quarter of an inch. It weighed thirteen pounds. The point was upward, and the iron smooth.

The missile entered, by its pointed end, the left side of the face, immediately anterior to the angle of the lower jaw, and passing obliquely upward and slightly backward, emerged out of the top of the head in the median line, at the back part of the frontal bone, near the coronal suture. The ordinary reader will understand it better, if we say that, pointing upward, it entered the cheek outside the teeth, and under the cheek bone, went inside an inch behind the eye, and out of the top of the head in the centre, two inches back of the line where the forehead and hair meet.

The patient was thrown on his back, and gave a few convulsive motions of the extremities, but spoke in a few minutes. He was taken three-quarters of a mile in a sitting position in a cart; got out the cart himself with the aid of his men, and an hour afterward, with the assistance of Dr. HARLOW holding his arm, walked up a flight of stairs to his room. He was conscious, but exhausted from loss of blood, which found its way from the mouth into the stomach, and was ejected as often as every fifteen or twenty minutes by vomiting. His bed and person were soon a gore of blood.

One piece of the skull had been broken out in fragments; another piece was raised and thrown back, like a door, the scalp serving as a hinge; and on the opposite side of the wound there was another fracture and an elevation. The globe of the left eye was partially protruded from its orbit, the left side of the face was more prominent than the right. The opening in the skull was two inches wide by three and a half long, and the brain was hanging in shreds on the hair. The pulsation of the brain could be distinctly seen, and the doctor passed his finger in its whole length without the patient saying he felt pain.

The paper gives an account of the treatment of the case. In fifty-nine days the patient was abroad. On the third day there were inflammation and some delirium; and during several weeks there was occasional delirium; for two weeks of the time the patient lay in a stupid condition, and his death was expected, and his grave-clothes prepared. On the 25th of November he went in a close carriage 30 miles to his home in Lebanon.

The subsequent history of the case is interesting. Gage came back to Cavendish in April, in

fair health and strength, having his tamping iron with him, and he carried it with him till the day of his death, twelve years after. The effect of the injury appears to have been the destruction of the equilibrium between his intellectual faculties and the animal propensities. He was now capricious, fitful, irreverent, impatient of restraint, vacillating, a youth in intellectual capacity and manifestations, a man in physical system and passions. His physical recovery was complete, but those who once knew him as a shrewd, smart, energetic, persistent business man, recognized the change in his mental character. The balance of his mind was gone. He used to give his nephews and his nieces wonderful accounts of his hair-breadth escapes, without foundation in fact, and conceived a great fondness for pets.

He went to various places, being engaged here and there; was a year and a half in charge of horses at a livery stable; was exhibited at BARNUM'S Museum in New York; and in August, 1852, four years after his injury, left New England forever, and went to Valparaiso with a man who was going to establish a line of coaches. Here he lived eight years, occasionally driving a six-horse coach, and enduring many hardships. In 1859 his health began to fail; in 1860 he had a long illness, the nature of which cannot now be ascertained.

He now left Chili, and Dr. HARLOW lost all trace of him for some years, but finally found out that the mother and sister were in San Francisco, wrote to them, and ascertained that Gage had got there in 1860; worked with a farmer at Santa Clara, and in Feb. 1861, was taken with epileptic fits; afterward he worked in several places; and finally in May, 1861, had a succession of fits, which lasted a couple of days, and carried him off. There was no autopsy made. Dr. HARLOW made overtures for the possession of the skull, on account of its scientific interest, and the world at large is under obligation to the relatives who were willing to surrender it for the uses of medical science. It appears that the man could see out of his left eye, though the lid was not fully subject to the will; that he was troubled with uneasiness in the head.

Dr. HARLOW, in summing up his valuable but interesting paper, presented these views: 1st. The recovery is attributed solely to the *vis vitæ*, *vis conservatrix*, or, if some like it, *vis medicatrix naturæ*. 2d. This case has been cited as one of recovery; physically the recovery was nearly or quite completed for the four years immediately succeeding the injury, but ultimately

the patient succumbed to progressive disease of the brain. Mentally the recovery was only partial; there was no dementia; intellectual operations were perfect in kind, but not in degree or quantity. 3d. Though the case may seem improbable, yet the subject was the man for the case, as his will, physique, and capacity for endurance could scarcely be equalled; the missile was smooth and pointed, dilating and wedging off rather than lacerating the tissues; the bolt did little injury till it entered the base of the brain, and that opening served as a drain for the blood and matter, and other substances that might have caused death by compression; the part of the brain traversed was the strongest for the purpose.

Dr. HARLOW had with him and exhibited the skull and the iron.

The piece of skull, which was thrown backward like a door, and was afterward replaced, had grown to the opposite edge by a new formation of bone plainly marked; the holes were large and well defined; and the whole appearance of the skull proved the truth of the account; which has also been verified by letters from some of the first men at Cavendish, Vt. It appears that, early in the history of the case, a number of fragments of bone came down into the mouth through the opening in the inside, and were voided.

A great deal of interest was manifested in the examination of these important contributions to surgical science, and Dr. HARLOW was abundantly complimented for the persistence with which he had followed up the case for nearly twenty years.

Catalytic Action of Electricity.

Dr. LANGE, of Ems, publishes an article in the *Deutsche Klinik* of May 9, 1868, on the above subject, in which he gives the particulars of two cases of inflammation of the ankle of long standing, both accompanied by great swelling and pain, and both of which were completely cured by the use of an uninterrupted stream of electricity. One of the patients had been hardly able to walk, even with two sticks, for three years, and yet was entirely cured in three weeks.

The stream employed was of thirty elements, and was used fifteen to twenty minutes at a time, being passed through the swollen joints, sometimes in one direction, and sometimes in another, as Dr. LANGE (in opposition to REMAK*) considers that the direction of the current is of no consequence.

As regards the nature of the current, however,

* *Electrotherapie*, p. 307.

he states that his experiments with the induced and interrupted current have never been completely successful in effecting a cure, and that any good effects produced would be always a long time in making their appearance. In this he agrees with REMAK.

ROSENTHAL, in his work on Electrotherapie, advises against the employment of electricity in inflammatory affections of joints, but REMAK and Dr. LANGE agree in advising its use even in these cases, although the temperature is thus raised, and more blood brought to the part, accounting for its action partly on the theory that by enlargement of the small blood vessels, the stagnation of blood corpuscles is prevented.

Operation for Phymosis by Dilatation.

The *Gazette des Hôpitaux* describes a new method of treating phymosis in infants without the use of the knife, devised by the distinguished surgeon, NÉLATON. The infant is placed under the influence of chloroform or ether, and a sound is introduced beneath the prepuce, to ascertain the presence of any adhesions. The blades of a three-bladed forceps, well oiled and warmed, are then carefully inserted between the prepuce and glans, and then suddenly separated. A sensation of a resistance overcome is perceived, somewhat similar to that observed in the dilatation of the anus for stricture. The forceps are withdrawn, and no difficulty is experienced in pushing the prepuce behind the glans. Some slight and superficial scratches are perceptible on the glans, but involving nothing more than the mucous membrane. There is no vessel divided, no hemorrhage, no cutting. A simple dressing is applied. A little cold cream is smeared on the prepuce, which is replaced in its natural position. Five or six times a day it is pushed behind the glans, especially at the times of micturition. For a day or two the child is kept in bed, the swelling which appears after the operation, subsides in twenty-four hours without special attention.

The operation has been tried in four cases, with constant success. They were all young children. In one instance it was used on an adult, but failed. But the procedure can doubtless be modified so as to be successful also here.

Iodoform.

This substance, in powder, has recently been applied, in Paris, with great success, to the surface of obstinate ulcers. It rapidly causes them to heal. The *Journal of Applied Chemistry* remarks of it: "In addition to the virtues which it

possesses in common with iodine, it is very useful as an anodyne, and especially in neuralgic affections. In many local diseases it is employed with good success. It possesses anæsthetic properties when volatilized and inhaled, though to a degree inferior to chloroform or ether. On the score of economy, it is fully equal to iodine or any other of its compounds, and far preferable to most of them, on account of being a non-irritant, and becoming more readily absorbed and assimilated in the system. We trust that its use will become more extensive, and would urge physicians to test its qualities more thoroughly."

Reviews and Book Notices.

The Book of Evergreens. A Practical Treatise on the Conifera, or Cone-Bearing Plants. By JOSIAH HOOPES, Member of the Academy of Natural Sciences, of Philadelphia. Illustrated. New York: ORANGE JUDD & Co., 245 Broadway. 1 vol., 8vo., cloth, pp. 435. Price \$3.00.

This is a work which, as the author very correctly states, fills a blank in our works on horticulture. In the already large literature on this topic there is no book which gives a complete description of the interesting and ornamental family of conifers, especially in their adaptation to the climate of the different States, and their relative merits as shade trees.

With great propriety, the author commences with an introductory chapter on the general principles of botanical science—just enough to give the reader who has never turned his attention to that study a sufficient knowledge of its general principles to make the following portions intelligible.

The descriptions of the different species and varieties are concise and clear, and few, if any, of the known evergreens are omitted. The technical language of the botanist is dropped, as far as this can be done without a sacrifice of clearness, and a large amount of interesting information is added to the particular descriptions. The synonyms are abundant, which is a matter of great moment in botanical works. The author is and has been for many years an ardent and successful horticulturist, and we recommend strongly his book to all who wish information on the subject of evergreens.

The illustrations are well cut and printed, and number nearly seventy. There is a full index to the book, which enhances its convenience very considerably.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 20, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

FOUNDLING MORTALITY IN MONTREAL.

What we recently said on the infant mortality of our great cities receives additional force and a hideous commentary from the reports of foundling hospitals. Let us take one of the best managed in America, and see what its experiences are. We choose the Gray Nunnery of Montreal during the year 1867.

At this General Foundling Hospital, the total number of children received was 652, against 624 in 1866, and 729 in 1865. Of these, 239 were born in other places—42 coming from the neighborhood, 98 from Quebec, 20 from Ottawa, 21 from St. Hyacinthe, 15 from Upper Canada, and 29 from the United States. The number is against 176 in 1866, and 286 in 1865. The number received from the city is lamentably uniform, indicating not occasional but systematic licentiousness. It amounts to 413 last year, against 448 in 1866, and 443 in 1865. The proportion of deaths is, as usual, frightfully great. "They amount to 619; of whom 36 were under a week; 368 under a month, being much more than half the total of all ages; 583 under one year; 617 (only 34 additional for four years of life (under five years; leaving only two deaths among all the foundlings in the establishment between the ages of five and 12. The balance of life resulting from the labors of the good sisters amounts to only 33 infants on the year's operations, or 19 infants dead to one living. The destruction of life caused by war is therefore nothing com-

pared with what is going on among us, proving most literally that "the wages of sin is death."

Doctors LAROCQUE and CARPENTER, the medical gentlemen who promulgated this report, repeat their assertion that the Sisters do their very best to preserve the lives of these unfortunate beings, who have struggled into the world against the will of their unnatural parents. But they add: "It would appear that the mothers, although nominally showing their willingness that their offspring should live by sending them to the care of the kind ladies, are practically taking the course which must lead to their early death; for we find that no fewer than 424 infants were received last year only half clothed, 8 were absolutely naked, 18 had not even been washed, and 13 were bleeding for want of the necessary attentions at birth; 46 were tainted with the special disease of infamy; 8 had been wounded by instruments; 7 were more or less frozen, and a large number covered with vermin. One was sent from United States in a carpet bag; another at the bottom of a basket; another in a water-bucket; two came squeezed and bruised; another strongly nailed up in a box; another with a pin stuck through the flesh. The sufferings of 8 infants, as well as their chance of life, had been lessened by doses of opium. It is no wonder, therefore, that three were dead when received, 23 dying, and 157 in actual disease. Most of the remainder perished (with the country nurse, be it remembered, not in the city) through the wretched constitution inflicted on them by their parents."

Here it is no longer the greed and neglect of officials which stare us in the face. These ghastly results point to a still more portentous cause—the deep-rooted, wide-spread depravity of morals in the sexual relation, the very general loss among women of those maternal instincts which not the lowest brute is devoid of, the increasing disrespect with which the marriage relation is regarded, the gradual encroachment in fact of the worst over the better parts of human nature. In the desperate struggle for riches and pleasure in this new continent, we are fast losing sight of the

higher aims of the race, and few there are who listen to the voice of Wisdom, cry she ever so loudly in our streets, pointing with warning finger to the swift destruction which has always overtaken those nations who thus violated the instincts of nature. Shall we heed her words, or shall we follow their footsteps and meet their fate?

Notes and Comments.

Medical Society of Pennsylvania.

A report of the proceedings of this Society will appear next week. Our circulation in every State is so great that we feel it incumbent on us to publish the proceedings of the medical Society meetings of each State, when furnished us, and this week our space is occupied by the Massachusetts and Rhode Island medical Societies.

"To Medical Men Only."

We have received a letter from the author of the circular with this heading, which we commented upon in our issue of Jan. 25, under the rubric, "Where Specialism Tends." The writer says, "I suppose that you think that the circular in question tends 'to quackery,' that is, boastful pretensions of an ignoramus," and he therefore proceeds at considerable length to show that he is thoroughly qualified in that specialty. We did not say that he was not, and do not feel called upon, therefore, to grant him space for refuting what we never asserted. What we did imply was, that such circulars would bring the profession into disrepute, and that we doubted whether the gentlemen whose names are mentioned in it were aware of such use. The author concedes these points when he says, "I frankly admit that the circular was not entirely in good taste," and, "The use of their names in this manner was not authorized, excepting on the general endorsement they would give."

Wholesale Poisoning.

The Western papers contain an account of a poisoning of a rather unusual character. It seems that a congregation of Dunkards at Naperville, Illinois, was holding a "two days' meeting." Some meat was cooked in a copper vessel for use at their love feasts. A portion of it was eaten on Saturday, and the rest remained in the pot until Sabbath, when it was partaken of. In the meantime, the copper had oxidized and rendered the meat poisonous. No less than 130 of

the congregation were affected, most of them slightly, but about twenty or thirty were for some hours considered to be in a dangerous condition. However, in two or three days all were pronounced out of danger.

Nursing Bottles.

A necessity has long existed for something better and more convenient than the various forms of nursing bottles now in general use.

The want of a proper and convenient form is not the least objection but the ill adjustment of the corks and tubing renders almost all the bottles in use more or less objectionable, chiefly because they are liable to get out of order, and become impure. To obviate these objections, Mr. BURR has introduced an improved nursing bottle, and which, in addition to LA FOSSE's patent, so universally admired, possesses other useful improvements.

The liability to accumulate impurities is obviated by a little wire brush, furnished to pass through the rubber tube as often as may be necessary to cleanse it perfectly.

Besides this, the cork cannot be injured by use, as it is protected by the boxwood tube running through it. The mouth-guard is adjusted for using two sizes of nipples, which are furnished in the neat box which contains the bottle and wire brush.

Altogether we regard this improved nursing bottle as eminently worthy the attention of physicians and mothers, because its security from acid and other impurities, will tend to prevent the serious results to nursing infants, especially in warm weather, and when the teething process renders the infant so susceptible to diseases by irritation of the stomach and bowels.

Severe Injuries.

Dr. T. S. JONES, of Jackson, La., writes us the following descriptions of remarkable injuries:

"I have seen two cases lately, which are rare. One, a negro boy, five years old, had his leg entangled in a wheel, which pulled it off at the body, separating it at the pubes and sacrum, leaving the bowels and bladder exposed; he lived fifty-four hours, perfectly rational, with no hemorrhage or pain.

"The second, a negro, aged twelve years, was knocked down by a cow, then with her horn she tore out nearly all the small intestines, trampled him in the dust until the bowels were thoroughly covered with dirt and fodder: he remained in this condition until there was complete strangulation; I enlarged the opening,

washed him off well, returned the intestines almost black, and in a few weeks he was sound and well."

An Alarm Quieted.

We are very glad to be able to allay the state of chronic terror in which our New England and especially our Massachusetts brethren have been thrown the last few years, by the gloomy predictions of certain medical gentlemen of that ilk, to the effect that all the "first families," the uncontaminated descendants of the Puritan fathers are in a fair way to die out. We have before us an extract from the "Twenty-fifth Report to the Legislature of Massachusetts, relating to the Registry and Return of Births, Marriages, and Deaths in the Commonwealth for 1866," by Dr. GEORGE DERBY.

This authority on the question at issue about the great disproportion of foreign to native births, addresses to our pleased ears the following consolatory words, which we respectfully recommend to our melancholy medical brethren down East.

"The rapid relative increase of foreign births, which was going on during the fifteen years preceding 1864, is checked, and the two races, so far as they can be distinguished by such classification, are now increasing equally, or very nearly so, the difference in three years being only .17 of one per cent. The proportion of mixed births is, however, growing slightly greater each year, the difference amounting in three years to .81 of one per cent."

Generous Contribution.

MADAME LALLEMAND, widow of the eminent professor of clinical surgery at the medical college of Montpellier, France, has given to the medical college hospital the sum of 20,000 francs, only stipulating that one of the wards of the hospital shall hereafter bear her husband's name.

Animal Quinoidine.

This curious substance was discovered by Dr. BENCKE JONES, and has been the subject of an interesting paper, by Drs. E. RHODES and W. PEPPER, in the *Pennsylvania Hospital Reports*, 1868. It causes the phenomenon known as fluorescence of tissues. We learn, from the *Gazette Hebdomadaire*, that Dr. CHALVET has proved before the Société de Biologie, that this is not produced in the tissues, as the previous observers supposed, but is found in most articles of food, especially wine and vegetables. It is introduced into the organs with these ingesta, and mixes with the fluids of the body, like iron, but is never originated there. His researches tend to prove its identity with quinine.

Correspondence.

DOMESTIC.

Death from Uterine Hemorrhage.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

On the 19th of December last, I was called to Mrs. —, æt. about 35 years. She complained of pain in her back, headache, loss of appetite, and said she was "unwell," at the same time telling me that she was in the fifth month of pregnancy. I gave her pil. hyd. grs. x., to be followed in the morning by pulv. sedlitz, and enjoined rest in the recumbent posture.

Dec. 21. I found my patient somewhat better. Less headache, less pain in back, and the discharge from uterus sensibly diminished. I gave her another pill of blue mass, and pulv. ergotæ grs. v. in infus. ter die, which is said to arrest uterine hemorrhage by paralyzing the capillary system.

Dec. 23. Still improving; desiring to eat, I ordered cream toast and milk. Up to this time there had not been any pain in the abdomen.

Dec. 24. Found her so much better that, after giving her a little advice in regard to her diet, etc., I left, intending not to visit her again.

Dec. 30. Her husband came to me in great haste, saying that his wife was much worse, that she was actually being "washed away." I went to her immediately. I found her much frightened; pulse about 100 beats to the minute, and rather feeble. She said she had that morning discharged a great quantity of what seemed to be water and blood together; had had no pain at the time nor before; had just raised up in bed to adjust some of the covering when the discharge ensued. After I had succeeded in allaying her fears, she told me that she then felt quite well; had eaten a hearty breakfast, and felt as if she could sit up and eat dinner. The discharge lasted but a few moments. I proposed an examination of the uterus per vagina, so that I could tell her something more positive about her condition, and better meet the indication in the case. But to this she stoutly objected, probably because I am numbered among the unfortunate ones—unfortunate, I mean, in not having the cheering smiles of a fond wife to help us along on the road to fame.

I had suspected for several days past that the child was dead; she had complained all the time of a heavy weight in the pelvis, and I told my

fears to her, but she assured me that my fears were unfounded as she had felt the child move repeatedly every day since she had been sick.

Jan. 2. Saw her again, she was then feeling quite well. Her appetite was good, tongue clean, pulse 75. Discharge from vagina still continued, but had changed its character, was then of a sanguino-purulent nature, and quite offensive. Again proposed and insisted upon an examination, but she would not consent. During the night of the 2d she passed two clots of blood about the size of an orange.

After the 21st I gave her no medicine, except tr. ferri chlo. and small doses of ergot, as her appetite was good, and there did not seem to be any morbid condition of the system which demanded the use of drugs, I preferred to trust to the vis medicatrix naturæ, and wait for further developments.

She continued in about the same condition as described until the 12th inst., at which time I was again called to her. I found that she had again discharged very freely; pulse quite feeble; no pain. Gave acid sulph. arr. gtt. xx. ter die, and milk punch.

Jan. 13. Saw her again; she was weaker than she was on the previous evening, and quite nervous. I increased the elix. vit. to gtt. xx. every three hours. The discharge was greatly diminished. Abdomen being flabby, I ordered a bandage to support and gently compress the womb. She died the ensuing evening. I did not see her after the morning, but was told by the nurse that she sank gradually, and that she was free from pain up to the moment of her death.

I insisted upon holding a post-mortem examination, but the family would not consent.

Remarks. Her appetite was good after the first day or two, felt no pain during all the time she was sick. The whole trouble in her case seemed to be a strong tendency to flood. For a time the remedies which I used would seem to be having the desired effect, the flow would cease, and she would begin to improve, when suddenly, without a moment's warning, it would burst forth again. My own opinion is that there was partial detachment of the placenta, followed by death of the fetus. The partial separation of the placenta was probably caused by an attempt at abortion. Will some kind reader of the REPORTER shed light upon the case?

JUVENILE.

A Correction.

EDITORS MEDICAL AND SURGICAL REPORTER:

In one of your numbers for last March, a gentleman, professing to give the biography of the late Professor GIBSON, states that this eminent physician was born in 1788, that he went to Europe in 1809, and became acquainted with POTT, HUNTER, and other celebrities. Now, desiring to see the REPORTER maintain its high standing for accuracy, I would suggest a correction of the latter part of this statement. The alleged acquaintance with POTT and HUNTER is impossible, as POTT died December 22d, 1788, and HUNTER died October 16th, 1793. There must, accordingly, be an error in the assertion of the biographer.

R. R. McILVAINE, M. D.

Cincinnati, Ohio.

Dr. Wilson's Case of Double Ovariectomy.

EDITORS MEDICAL AND SURGICAL REPORTER:

In my account of an ovariectomy operation in the last number of your journal, the name of Dr. N. M. LEAVELL, the competent and estimable assistant physician of the Woman's Hospital, was inadvertently omitted. This I regret the more, as in this, as in many other cases on which I have had occasion to operate in the Woman's Hospital, the administration of the anæsthetic was entrusted to her, and to her efficiency, judgment, and discretion, I am not a little indebted for whatever success has attended my efforts there.

BENJ. B. WILSON, M. D.

842 Franklin St., Phila.

Questions in Reproduction.

EDITORS MED. AND SURG. REPORTER:

Only yesterday I happened to read the No. 18, of your valuable journal, and would say that my own experiences seem to corroborate the assertions of the author of the article, "To Produce the Sexes at Will." My wife had very hard times during her first pregnancy, and similarly hard times in giving birth to a boy, who is now ten years old. After two years, another conception took place, with as hard times during pregnancy and birth as the first time.

Her health being very low from that time, another pregnancy was thought to be avoided by all means within moral allowances and laws, and I acted according to the known physiological views expressed by CARL VOGT, in his "*Physiologische Briefe*," in which he pretends, that after ten or twelve days *post cessatione menses*, no conception would take place.

My wife since that time has suffered two miscarriages. The conception of the two children

spoken of above certainly took place shortly after cessation of catamenia. They were boys. Conception of the first abortus was asserted by my wife to have taken place a fortnight after cessation of menses. This was a girl in the fourth month of gestation. Second abortus was a male child, of same period of gestation, after an extraordinary coitus a very short time after cessation of the menses. You may rely upon the accuracy of these data.

MEDICUS.

News and Miscellany.

Dangerous Burning Fluids.

We copy the following judicious remarks from the *Providence Journal*. They are, if we mistake not, from the well-known pen of Dr. SNOW, and are on a subject of universal interest to the community.

Since the high price of alcohol and turpentine, nearly all the burning-fluids in common use, of whatever name, are composed of the distilled products of petroleum. Of the products, a certain portion to which the name of *kerosene* has been applied, if distilled carefully, will not catch fire from a lighted taper at a lower temperature than 100 degrees, and is perfectly safe, with ordinary care, as a burning-fluid. At ordinary temperatures, a lighted taper put into it will be extinguished as quickly as when put into water.

But there are other products of the distillation of petroleum, of which *naphtha* is the most important, which are of light specific gravity, will catch fire from a blaze at ordinary temperatures, and of which the vapor is highly explosive when mixed, in certain proportions, with atmospheric air. *Naphtha* is far more dangerous than gunpowder, because its vapor will take fire at some distance from the liquid, while gunpowder will not ignite unless brought in contact with fire.

Unfortunately *naphtha* will burn with a clear handsome light, and when mixed with *kerosene* it seems to improve it for illuminating purposes.

Besides this, *naphtha* is produced in large quantities in the distillation of petroleum, and no extensive use for it has been found, so that its market value is very low. Hence the great temptation to mix it with *kerosene*, and to use it for patent burning fluids, and hence the very great importance of protecting the community from the sale of those fluids, and also from the sale of *kerosene* that will not stand the fire test, as it is called. There is no doubt that ninety-one hundredths of all the loss of lives, amounting to hundreds every year in this country, from explo-

sion of *burning fluids*, are caused by this use of *naphtha*, or of *kerosene* adulterated with *naphtha*.

This important subject has engaged the attention of the national, as well as of the local authorities. An act of Congress, approved March 2, 1867, provides severe penalties for mixing for sale, *naphtha* with *kerosene*, and for selling, keeping for sale, or offering for sale any oil made from petroleum which is inflammable at less than 110 degrees Fahrenheit. This law is now in force throughout the country, and is so important, and so little known that we quote it in full, as follows:

Public Law—No. 83. Approved March 2, 1867. SECTION 29. "*And be it further enacted*, That no person shall mix for sale *naphtha* and illuminating oils, or shall knowingly sell or keep for sale, or offer for sale such mixture, or shall sell or offer for sale oil made from petroleum for illuminating purposes, inflammable at less temperature or fire test than one hundred and ten degrees Fahrenheit, and any person so doing shall be held to be guilty of a misdemeanor, and on conviction thereof by indictment or presentment in any court of the United States having competent jurisdiction, shall be punished by a fine of not less than one hundred dollars nor more than five hundred dollars, and by imprisonment for a term of not less than six months nor more than three years."

This law strikes at the root of the trouble, and if enforced, would banish the whole list of patent burning fluids that are now cursing the land, and bringing loss of life and property to so great an extent upon the people. If this were done, explosion of lamps and conflagrations from breaking lamps would be almost unknown. It would be well if this law could be enforced throughout the country. At any rate we hope it will be remembered, so that any one who suffers from the explosion of adulterated *kerosene* may find a remedy against the person who sells it.

But the United States law quoted above makes no provision for its enforcement, and provides for no sworn inspectors to test the oils offered for sale. Hence the need of further action on the part of State Legislatures, and city authorities. The city authorities of Providence early recognized the importance of this subject, and to the city of Providence belongs the honor, and as we think the high honor, of being the first, and until very recently the only city that has passed laws supplementing the national law and aiding in its enforcement. Our city ordinance provides for the appointment of an Inspector of *Kerosene*, and forbids the sale in the city, under heavy penalties, of any burning fluid composed in any part of the products of petroleum, unless it will stand the fire test of 110 degrees.

This ordinance was passed March 26, 1867, under authority granted by the General Assembly, March 12, 1867, almost immediately after the passage of the Act of Congress. Quite recently another city, Philadelphia, has passed a similar ordinance, and even more stringent than ours, providing, as we are informed, for the seizure and confiscation of all kerosene and burning fluids that will not stand the fire test of 110 degrees.

Perchloride of Iron in Diphtheria and Membranous Croup.

Dr. AUBRUN FILS, of Paris, strongly recommends the perchloride of iron in diphtheria and membranous croup. Its efficacy was first noticed in a case where fifteen drops, in a glass of water, had been ordered to be taken during the night. By a mistake of the father, however, between a fourth and a third of an ounce was given within an interval of five hours. An unexpected improvement followed the mistake, and the treatment was persevered in with success. Other cases have given equally happy results.

Relation of the Chemical Constitution and Physiological Action of Medicine.

At one of the recent meetings of the Royal Society of Edinburgh, a very interesting paper was read by Drs. CRUM BROWN and T. R. FRASER, upon the influence of direct chemical addition upon the physiological action of substances. This paper is the first of a series which may be expected to throw great light upon one of the most interesting questions which can suggest themselves, viz., the relation existing between the chemical constitution and the physiological action of medicinal and poisonous substances. That such a relation must exist, we can have no doubt; and, indeed, attempts have been made by some to establish the relation in certain cases. Hitherto, however, the subject has not received that systematic investigation which it is now receiving at the hands of the authors of the paper.

In order to arrive at any accurate knowledge as to the influence which chemical constitution exerts upon physiological action, it would appear to be desirable to take substances having a very definite and energetic physiological action, and then to perform upon them a chemical operation, having for its object the promotion of a definite change in the constitution, and to examine the modification which the physiological action has undergone. Such has been the plan which the authors have pursued; the bodies which they have chosen for examination are the more active of the vegetable alkaloids, and the chemical operations, of which they have studied the effect,

has been the direct addition of iodide of methyl. It was shown by How, that when iodide of methyl acts upon strychnia, brucia, morphia, and other alkaloids, it adds itself to them, and beautiful crystalline bodies are produced which differ considerably in character from the salts of the alkaloids. The authors have already examined the physiological action of the bodies produced by the addition of iodide of methyl to strychnia, brucia, morphia, thebaia, codeia, and nicotia.—*London Chemical News.*

Glycerine and Yolk of Eggs.

Four parts, by weight, of yolk of egg, rubbed in a mortar with five parts of glycerine, according to the *Philadelphia Journal of Pharmacy*, gives a preparation of great value as an unguent for application to broken surfaces of the skin of all kinds. The compound has a horny-like consistence, is unctuous like fatty substance, but over which it has the advantage of being quickly removed by water. It is unalterable, a specimen having laid exposed to the air for three years unchanged. Applied to the skin, it forms a varnish which effectually excludes the air, and prevents its irritating effects. These properties render it serviceable for erysipelas and cutaneous affections, of which it allays the action.

— The quantity of spirits used for manufacturing purposes in the city of Philadelphia, yearly, is estimated at twenty thousand barrels, or eight hundred thousand gallons.

— They are experimenting at Hartford, with considerable success, in the new method of curing whooping-cough, by inhaling the atmosphere of a gas house. Upward of three hundred children are said to have been wholly or partially relieved by this treatment.

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy during the week ending June 13, 1868.

Past Assistant Surgeon, Wm. S. Fort, detached from the Naval Hospital, New York, and ordered to the Naval Academy.

Past Assistant Surgeon J. W. Coles, detached from the Naval Academy, and waiting orders.

Past Assistant Surgeon T. M. Dearborne, detached from the Navy Yard, Washington, and ordered to the Naval Academy.

Assistant Surgeon E. C. Thatcher, ordered to duty at Navy Yard, Washington, D. C.

Surgeons P. S. Wales, and Wm. M. King, detached from duty as members of Examining Board, Philadelphia.

